From: Brad Madrid [brad.madrid@pharmsmgmt.com]

 Sent:
 8/31/2015 10:16:18 PM

 To:
 incechris@hotmail.com

 Subject:
 FW: Dr. Ince Scripts

Attachments: WALTON BRIAN LIDO.PDF; WALTON BRIAN SILA.PDF; WALTON EMILY LIDO.PDF; WALTON EMILY SILA.PDF; WALTON

MICHELLE LIDO.PDF; WALTON MICHELLE SILA.PDF

Dr Ince,

Here is the second e-mail.

Thank You

Brad Madrid
Marketing Associate
o: 713-325-2315 | c: 925-285-0659 | f: 855-388-5588
Pharms LLC | 4916 Main Street, Suite 110 | Houston, TX 77002



From: Brad Madrid

Sent: Monday, August 31, 2015 3:25 PM

**To:** 'incechris@hotmail.com' **Subject:** Dr. Ince Scripts

Dr. Ince,

My name is Brad Madrid and I work with Brian Swiencinski. We are now offering products that may be covered by your patient's insurance plan where in the past they may have been denied.

Attached you will find prescriptions for our alternative products that are now covered by these certain patient's insurance plan. If you would like these patients to receive their medication, please sign and date the scripts and fax back to 855-325-3500.

Please let me know if you have any questions.

Thank you,

Brad Madrid
Marketing Associate
o: 713-325-2315 | c: 925-285-0659 | f: 855-388-5588
Pharms LLC | 4916 Main Street, Suite 110 | Houston, TX 77002



DOJ-SMUBSSB-0000006947 DOJ-SMUBSSB-0000006947-1

4:18-CR-368

# **Lidocin / Rexaphenac / Voltaren**

					Insurance info	
Patient BRIAN WALTON			DOB	Carrier:		
Home Phone	Cell Ph	one		Bin#	PCN#	
Address	'			Group #	I	
City		State	Zip	Member ID #		
Allergies				Workers Comp	Yes	No
Diag.				DOI	Claim #	

### Lidocin

**☑** Lidocin

Refills:

Strength: Lidocaine ...... 3%

Apply 1-2 pumps to SIG:

> affected area 3-4 times daily.

Qty.: 240 gms 12

### **Rexaphenac Kit**

☐ Rexaphenac Kit

Strength: Diclofenac...... 1%

SIG: Apply 1 pump to

affected area up to 4

times daily.

Qty.: 120 gms

**Refills:** 

#### Voltaren

□ Voltaren Gel

Strength: Voltaren Gel ...... 1%

Apply to affected SIG:

area 3-4 times daily.

Qty.: 100 gms

**Refills:** 

Other				
Prescriber Name:	CHRISTOPHER INCE MD	NPI #:		
Lic. #:	DEA#:	Phone #: 817 328 1010	Fax#:_	
Address:				
Signature (Note: Ma	anual Signature Required for CS):		Date:	8/31/15

# 

RIAN WAL	TON	DOB		LAST 4 D	IGITS OF SSN	Carrier:	Insuran	ce info		
ome Phone	. 1 011	Cell Ph	none							
ddress		CCIITI				Bin#		PCN#		
ity			State	Zip		Group #		-1		
llergies			State	Zip		Member ID #				
neigles						Marilana Cana				
iag.						Workers Com	р	Yes	No	
						DOI		Claim	1#	•
AIN-TRANSDERMAL	Anv add	ded contro	olled substa	nces must be	handwritten.		PAIN-TOPICAL			
☐ NCP-7B:	☐ NCP-9:		Î GPI-2:		Reme-D		<b>☑</b> Renovo		Camphor	nex
Neuropathic & Chronic Pain	Neuropathio Chronic Pain		Genera InÊamn		Topiramate		Pain Patch		Topical	
Flurbiprofen20%	Baclofen			20%	Celecoxib		Menthol Capsaicin			
Baclofen 29	<mark>%</mark> Cyclobenzaprine	2%		rine 2%	Gabapentin		·		Menthol Camphor	
Cyclobenzaprine 2%	Gabapentin		Baclofen	2'	%		SIG: Apply 1 patch t affected area 1		Histamine	
Gabapentin 6% Lidocaine2.5%	Lidocaine Diclofenac		Add:		Duloxetine SIG: Apply 1-2 pt		daily as needed		SIG: Apply 1-2	
Add:	Add:		SIG: Apply 1		affected are		Qty: 1 30 count		3-4 times	
SIG: Apply 1-2 pumps to	SIG: Apply 1-2 pum affected area 3			d area 3-4 laily; 1 pump =	daily; 1 pum		2 60 count		PRN pain	rc. uuy
affected area 3-4 times daily; 1 pump = 1.5 gm	daily; 1 pump		1.5 gm		Qty: 1 300 gm		â		•	
Qty: 1 300 gm 1	Qty: 📵 300 gm 🐧	-	Qty: 🗓 300				Refills: <b>□</b> 3 <b>□</b> 6 <b>□</b> 12		<b>Qty:</b> 240 gm	
Refills: 13 16 12	Refills: 13 16 112		Refills: 👊 🗓	6 🗖 12	Refills: 03 0 6 0	12			Refills: 3 6 6	12
RMATOLOGICAL			SCAR				SPECIALTY			
DERM-2:	DERM-7:		<b>1</b> Dern	nacin Rx	🗖 Scar (tra	ansdermal)	☐ MGL-1A:		SCALP C	ARE -
Topical Anti	Plantar Fasci	itis	SilaP	Pak		1%	Migraine		3 Hair S	olution
Fungal Cream	Diclofenac	5%		r topical)		e2% e 0.5%	Topiramate	59	% Fluticasone	0.2%
Fluticasone1%	Baclofen	2 <mark>%</mark>		nolone Acetonide m USP, 80 gm	fi Fannainfu		Baclofen			
Fluconazole	Fluticasone			D CI : D :	Prilocaine	3%	Cyclobenzaprine			
Pentoxifylline 0.5% Lidocaine 2%	Lidocaine	2%	Comp	olex (Dimethicone	e) 5% Gabapentin .	15%	Lidocaine Flurbiprofen			
Hydroxyzine	Verapamil Hydrochloride	100/	Silicone SIG: An	ply to the affected	1 For elastic Hyaluronic A	cid 0.2%	Apomorphine		a roi wonic	
SIG: Apply 1-2 pumps to	Add:	10/0	are	ea as a thin film 2-3	Vitamin D3	0.05%	SIG: Apply 1-2 pu		SIG: Apply up	
affected area 3-4	SIG: Apply 1-2 pum	ps to	sili	nes daily. May use cone tape on the		5% 0.1%	affected area	-		imes a day
times daily; 1 pump = 1.5 gm	affected area 3	-4 times		eam in absence of oken skin. Clean an	SIG: Apply 1		daily; 1 pum	o = 1.5 gm	Qty: 11 120 r	ml
Qty: <b>1</b> 300 gm	daily; 1 pump =	= 1.5 gm		ply new tape every		l area 3-4 times	O A 200		0	
		_				aaa = 1 F aaa	<b>Qty: 1</b> 300 gm			
0	<b>Qty: 1</b> 300 gm		24	hours.	daily; 1	pump = 1.5 gm gm <b>1</b>	Qty: 1 300 gm			E 🗖 12
Refills: 0 3 0 6 0 12			24 Qty: 1 p	hours.		m 10			Refills: 🗓 3 🗓 (	5 <b>0</b> 12 _
Refills: 0 3 0 6 0 12	Qty: <b>(1)</b> 300 gm <b>(1)</b> Refills: <b>(1)</b> 3 <b>(1)</b> 6 <b>(1)</b> 12		Qty: 1 p Refills: 0	hours. back	daily; 1 Qty: 1 300 g Refills: 1 3 1 6	m 10	ā	2		5 🛮 12 🔃
Refills: 0 3 0 6 0 12  NERAL WELLNESS  © Super-SB: General	Qty: 1 300 gm 1 Refills: 3 3 6 1 12		Qty: 1p Refills: D	hours. back 13 0 6 0 12	daily; 1 Qty: 1 300 g Refills: 1 3 1 6	m 10	Refills: 0 3 0 6 01  BONE HE.	ALTH Bone F	Refills: 03 0	
Refills: 0 3 0 6 0 12  NERAL WELLNESS  D Super-SB: General SB-1: 5-MTHF	Qty: 1 300 gm 1 Refills: 0 3 0 6 0 12		Qty: 1p Refills: D	hours. back 13 0 6 0 12	daily; 1 Qty: 1 300 g Refills: 1 3 1 6	m 10	BONE HE.	ALTH  Bone Fitamin D3	Refills: 03 0	5,00
NERAL WELLNESS  Super-SB: General SB-1: 5-MTHF	Qty: 1 300 gm 1 Refills: 0 3 0 6 0 12	INSOM	Qty: 1 p Refills: II	hours. lack  13	daily; 1 Qty: 10 300 g Refills: 10 10 10 10 10 10 10 10 10 10 10 10 10	m 10	BONE HE  BH:	ALTH  Bone H  itamin D3  lagnesiun	Refills: 🗓 3 🗓 (	5,00 200 n
NERAL WELLNESS  Super-SB: General SB-1: 5-MTHF	Qty: 1 300 gm 1 Refills: 0 3 0 6 0 12	INSOM	Qty: 1; Refills: 0  METABOLIC INIA	SUPPLEMEN	daily; 1 Qty: 10 300 g Refills: 10 10 10 10 10 10 10 10 10 10 10 10 10	m t 1 12 112 11	BONE HE.  BH:  BH:  C  C  C  BONE HE  BH-1: V  C  C  C	ALTH  Bone H  itamin D3  lagnesiun  inc Glucor  opper Glu	Refills: 03 0 0	5,00 200 m 69.6 r 7.14 m
NERAL WELLNESS  Super-SB: General SB-1: 5-MTHF	Qty: 1 300 gm 1 Refills: 3 3 6 1 12    Wellness	INSOM  KI  Mela	Qty: 1p Refills: D METABOLIC	SUPPLEMEN  iia 3 mg	daily; 1 Qty: 10 300 g Refills: 10 10 10 10 10 10 10 10 10 10 10 10 10	m t	BONE HE.  BH-1: V  C  B  C  C  B  C  C  C  C  C  C  C  C	ALTH  Bone I  itamin D3  dagnesiun  inc Glucor  opper Glu  oron	Refills: 03 0 0	5,00 200 n 69.6 r 7.14 n
NERAL WELLNESS  Super-SB: General SB-1: 5-MTHF	Qty: 1 300 gm 1 Refills: 0 3 0 6 12    Wellness	INSOM  KI  Mela  Meti	Qty: 1; Refills: 0  METABOLIC INIA	SUPPLEMEN  SUPPLEMEN  iia 3 mg 5 mg	daily; 1 Qty: 10 300 g Refills: 10 10 6  TS  DIET SUPPLEMEN  ADP-6 Methylcob	m t 1 12 112 11	BONE HE BH: BH-1: V C B B B B B B B B B B B B B B B B B B	ALTH  Bone I  itamin D3  lagnesiun  inc Glucor  opper Glu  oron  etaine An	Refills: 🗓 3 🗓 0	5,00 200 n 69.6 r 7.14 n
NERAL WELLNESS  Super-SB: General SB-1: 5-MTHF Alpha Lipoic Acid Coenzyme Q10 Methylcobalamin EGCG Vitamin E Glutathione	Qty: 1 300 gm 1 Refills: 0 3 0 6 0 12	INSOM  KI  Mela  Methodology	Qty: 1 p Refills: D	SUPPLEMEN  iia 3 mg 5 mg .125 mg	DIET SUPPLEMEN  ADP-6  Methylcob Coenzyme 5-HTP	T 20 mg Q10	BONE HE.  BH-1: V  BBH-1: V	Bone I itamin D3 lagnesiun inc Glucor oron etaine An yridoxal-5 oswella Sc	Refills: 03 0 0	5,00 n 200 n n 69.6 r n 7.14 n n 25 n n 70 m n 200 r n
NERAL WELLNESS  Super-SB: General SB-1: 5-MTHF Coenzyme Q10 Methylcobalamin EGCG Vitamin E	Qty: 1 300 gm 1 Refills: 3 3 6 12    Wellness	INSOM  KI  Mela  Mett  N-Ac  Glut:	Qty: 1 p Refills: 0	hours. ack 13 <b>Q</b> 6 <b>Q</b> 12  SUPPLEMEN  iia  3 mg 5 mg .125 mg 50 mg	DIET SUPPLEMEN  ADP-6  Methylcob Coenzyme 5-HTP	T 20 mg Q10	BONE HE BH-1: V  BB BB	Bone I itamin D3 dagnesiun inc Glucor opper Glucor oron et al.	Refills: 03 0 0	5,000 n 5,000 n 69.6 n 7.14 n 7.14 n 70 m 25 r 70 m 200 n
NERAL WELLNESS  Super-SB: General SB-1: 5-MTHF	Qty: 1 300 gm 1 Refills: 3 3 6 1 12	INSOM  KI  Mela  Mettl  N-Ac  Glut  Diph	Qty: 1 p Refills: 0	Nia 3 mg 5 mg 50 mg 50 mg 20 mg 20 mg 20 mg	DIET SUPPLEMEN  ADP-6  Methylcob Coenzyme 5-HTP Acidophillu Bupropion	T 20 mg Q10	BONE HE  BH: BH-1: V  BB BB: BB BB: BB	Bone I itamin D3 alagnesiun inc Glucor opper Glucor oron etaine An yridoxal-5 oswella Sk ake 1 capsu 0 capsules	Refills: 030 d Health 3	5,000 n 5,000 n 69.6 l 7.14 n 7.14 n 200 n 25 r 70 m 200 lily 6 <b>0</b> 12
NERAL WELLNESS  Super-SB: General SB-1: 5-MTHF	Qty: 1 300 gm 1 Refills: 0 3 0 6 0 12    Wellness	INSOM  KI  Mela  Mettl  N-Ac  Glutt  Diph  5-HT	Qty: 1 p Refills: 0	Notes to be a second of the se	DIET SUPPLEMEN  DIET SUPPLEMEN  Acidophilu  Bupropion Psyllium Hi	T 20 mg Q10	BONE HE  BONE HE  BH-1: V  BH-1: V  C  C  B  B  C  C  B  C  C  B  C  C  B  C  C	ALTH  Bone I  itamin D3  Magnesiun  inc Glucor  oron  etaine An  yridoxal-5  oswella Sr  ike 1 capsul  o capsules  capsules  capsules  capsules	Refills: 030 of the control of the c	5,00 200 m 69.6 r 7.14 m 25 n 70 m 200 r iily 6 d 12
Refills: 0 3 0 6 0 12	Qty: 1 300 gm 1 Refills: 0 3 0 6 0 12	INSOM  KI  Mela  Mettl  N-Ac  Glutt  Diph  5-HT	Qty: 1 p Refills: 0	Nia 3 mg 5 mg 50 mg 120 mg 150 mg by mouth	DIET SUPPLEMEN  ADP-6  Methylcob Coenzyme 5-HTP Acidophilu Bupropion Psyllium H SIG: Take	T 20 mg Q10	BONE HE  BH-1: V  BH SIG: Ta  Qty: 36  BH-2: R	ALTH  Bone I  itamin D3 flagnesiun inic Glucon opper Glu oron etaine An yridoxal-5 oswella Si oke 1 capsu 0 capsules eseveratro alcium Gl oenzyme	Refills: 03 0 0	5,000 200 m 69.6 r 7.14 m 25 n 70 m 200 r ily 6
Refills: 0 3 0 6 0 12	Qty: 1 300 gm 1 Refills: 0 3 0 6 0 12	INSOM  KI  Mela  Mett  N-Ac  Glut  Diph  5-HT  SIG:	Qty: 1 p Refills: 0  METABOLIC  INIA  P-1: Insomr atonin atopicobalamin petylcysteine athione athione athione athione athione	Nia 3 mg 5 mg 50 mg 120 mg 150 mg by mouth	DIET SUPPLEMEN  ADP-6  Methylcob Coenzyme 5-HTP Acidophilu Bupropion Psyllium H SIG: Take	T 20 mg Q10	BONE HE  BH: BH-1: V  BB BB  CC  CC	Bone I itamin D3 dagnesium inc Glucor opper Glucor Glucor Glucor Glucor Glucor Glucor Glucor opper Glucor Glu	Refills: 03 0 0  Health 3	5,00 m 200 m 25 m 200 r 200 r 200 r 200 r 200 r 200 r 200 m 500 m
NERAL WELLNESS  Super-SB: General SB-1: 5-MTHF	Qty: 1 300 gm 1 Refills: 0 3 0 6 0 12    Wellness	INSOM  KI  Mela Mett N-Ac Glut Diph 5-HT SIG: Qty:	Qty: 1 p Refills: 0  METABOLIC  INIA  P-1: Insomr atonin	Nia 3 mg 5 mg 50 mg 50 mg 120 mg 150 mg by mouth edtime	DIET SUPPLEMEN  ADP-6  Methylcob Coenzyme 5-HTP	T 20 mg Q10	BONE HE BH: BH-1: V  BB BB  BB	Bone I itamin D3 dagnesium inc Glucor opper Glucor Glucor Glucor Glucor Glucor Glucor Glucor opper Glucor Glu	Refills: 03 0 0  Health B	5,000 200 n 714 n 70 m 200 i illy 6
Refills: 0 30 60 12  NERAL WELLNESS  Super-SB: General SB-1: 5-MTHF	Qty: 1 300 gm 1 Refills: 0 3 0 6 0 12    Wellness	INSOM  KI  Mela Mett N-Ac Glut Diph 5-HT SIG: Qty:	Qty: 1 p Refills: 0  METABOLIC  INIA  P-1: Insomr atonin hylcobalamin tetylcysteine athione tetylcysteine tenydramine Take 1 capsule once daily at bu 30 capsules	Nia 3 mg 5 mg 50 mg 50 mg 120 mg 150 mg by mouth edtime	DIET SUPPLEMEN  ADP-6  Methylcob Coenzyme 5-HTP	T 20 mg Q10	BONE HE BH: BH-1: V  BB BB  BB	Bone I itamin D3 dagnesium inc Glucor opper Glucor opper Glucor opper Glucor oswella Scieke 1 capsules desveratro alcium Gl ocenzyme -Methyltte ike 1 capsules ke 1 capsules open proper o	Refills: 03 0 0  Health B	5,00 m 200 m 200 m 25 n m 7.14 m m 200 r illy 6 d l 12 20 m 200 m 100 r 500 mcg illy
Refills: 0 30 60 12	Qty: 1 300 gm	INSOM  Mela Mett N-Ad Glutt Diph 5-HT SIG: Qty: Refill	Aty: 1 prefills: 0  METABOLIC  INIA  P-1: Insomr  atonin	Noise hours. Sack 13	daily; 1 Qty: 1 300 g Refills: 03 0 6 Refills: 0 3 0 6	T 20 mg Q10	BONE HE  BH: BH-1: V  BB: BB: BB: BB: BB: BB: BB: BB: BB: B	Bone I itamin D3 dagnesium inc Glucor opper	Refills: 03 0 of the control of the	5,000 200 m 7.14 m 25 n 70 m 200 r 200 r 100 m
Refills: 0 30 60 12  Super-SB: General  SB-1: 5-MTHF	Qty: 1 300 gm	INSOM  Mela Mett N-Ad Glutt Diph 5-HT SIG: Qty: Refill	Aty: 1 prefills: 0  METABOLIC  INIA  P-1: Insomr  atonin	Nia 3 mg 5 mg 50 mg 50 mg 120 mg 150 mg by mouth edtime	daily; 1 Qty: 1 300 g Refills: 03 0 6 Refills: 0 3 0 6	T 20 mg Q10	BONE HE BH: BH-1: V  BB BB  BB	Bone I itamin D3 dagnesium inc Glucor opper	Refills: 03 0 of the control of the	5,000 200 m 7.14 m 25 n 70 m 200 r 200 r 100 m
NERAL WELLNESS  Super-SB: General SB-1: 5-MTHF	Refills: 0 30 gm 0 Refills: 0 30 6 12    Wellness	INSOM  Mela Mettl N-Acc Glut: Diph 5-HT SIG: Qty: Refill	Qty: 1 p Refills: 0  METABOLIC  INIA  P-1: Insomr atonin	hours. ho	daily; 1 Qty: 1 300 g Refills: 03 0 6 Refills: 03 0 6 Refills: 03 0 6  TS  DIET SUPPLEMEN  ADP-6 Methylcob Coenzyme 5-HTP	T 20 mg Q10	BONE HE  BH: BH-1: V  BB: BB: BB: BB: BB: BB: BB: BB: BB: B	Bone I itamin D3 lagnesiun inc Glucor opper Glu oron etaine An yridoxal-5- oswella Si ike 1 capsu o capsules iesveratro alcium Gl oenzyme -Methylte ike 1 capsu o capsules	Refills: 03 0 0  Health  Movide	5,000 200 n 714 n 70 m 200 i illy 6

# **Lidocin / Rexaphenac / Voltaren**

					Insurance info	
Patient EMILY WALTON			DOB	Carrier:		
Home Phone	Cell Phone	•		Bin#	PCN#	
Address				Group #		
City	State	Ziţ	р	Member ID #		
Allergies						
				Workers Comp	Yes	No
Diag.				DOI	Claim #	

### Lidocin

☑ Lidocin

Strength: Lidocaine ...... 3%

SIG: Apply 1-2 pumps to

affected area 3-4 times daily.

**Qty.:** 240 gms

Refills:

12

Rexa	nhai	າລເ	K II
ILCVO	PIICI	Iac	IVIL

☐ Rexaphenac Kit

Strength: Diclofenac...... 1%

SIG: Apply 1 pump to

affected area up to 4

times daily.

**Qty.:** 120 gms

Refills:

#### Voltaren

□ Voltaren Gel

Strength: Voltaren Gel ...... 1%

SIG: Apply to affected

area 3-4 times daily.

**Qty.:** 100 gms

Refills:

Other			
Prescriber Name:	CHRISTOPHER INCE MD	NPI #:	
Lic. #:	DEA#:	Phone #: 817 328 1010	Fax#:
Address:			
Signature (Note: Ma	anual Signature Required for CS):		Date:

# 

Control Protes  Cell Protes  Ce	PATIENT		DOB		LAST	4 DIGITS OF SSN	١ .				
Companies		TON						Carrior		Insurance info	
State   Zip   Member 10 /r		. 1 O 1 1	0 11 81					Carrier.			
ARCHARACOCATION   Asy safety controlled substances must be handwritten.   PAINTOPICAL	Home Phone		Cell Pr	none				Bin#		PCN#	ŧ
Member 10 #   Months   Month	Address							Group #			
Morkers Comp	City			State	Zip			Group #			
AND FRANSPERMAL  Any added controlled substances must be handwritten.  NCP-78: Neuropathic & Chronic Pain Neuropathic & Neuropathic & Chronic Pain Neuropathic Pain Neuropathic & Chronic Pain Neuropathic Pain Neuropathic & Chronic Pain Neuropathic	Allergies							Member ID #			
AND FRANSPERMAL  Any added controlled substances must be handwritten.  NCP-78: Neuropathic & Chronic Pain Neuropathic & Neuropathic & Chronic Pain Neuropathic Pain Neuropathic & Chronic Pain Neuropathic Pain Neuropathic & Chronic Pain Neuropathic								Workers Comr	)	Yes [	No.
Any added controlled substances must be bandwritten.    NCP-PS:   NCP-9:	Diag.						١	Tronkers comp			
NCP-7B:   Neuropathic & Chronic Pain   Environment   Neuropathic & Chronic Pain   Environment   Neuropathic & Chronic Pain   Environment   Neuropathic & Chronic Pain   Neuropathic & Chroni								DOI		Clain	n#
NCP-7B:   Neuropathic & Chronic Pain   Environment   Neuropathic & Chronic Pain   Environment   Neuropathic & Chronic Pain   Environment   Neuropathic & Chronic Pain   Neuropathic & Chroni	DAIN TRANSPERMAN								DAIN TO DIG		
Neuropathic & Chronic Pain   Enubardem	PAIN-I RANSDERIMAL		led contro	olled substai	ices must	be handwritten.			PAIN-TOPIC	AL	
Chronic Pain   Purblerofen   20%   Sections   27%   Coldebrasprine	□ NCP-7B:				Dain /	🗖 Reme-D	)				•
Second   S						The state of the s					Connect
Secondary   20   Subject   20   Secondary   20   Second						0/					
Depart   2.5   Depa						2%			·		Wenthor
December   Section   Sec						2% Lidocaine					
Moderate   Section   Sec				Add: _							
Sec. Apply 1.2 pumps to effected area 3.4 times delity. 1 pump = 1.5 pm			3%	SIG: Apply 1	-2 pumps to						
## SCALE Compact Direction and 3-4 times deviced area 3-4 times days 1-2 pumps 1-5 gm Qry D 200 pm D Qry			ps to						–		
Contract					aily; 1 pump =	, ,		ŭ.			PRN pain
DERM-2:   Topical Anti   Fluticason   Side	77 1 1		-	_	.m. Pi	<b>Qty: 1</b> 300 g	gm <b>(</b>	)	u_		<b>Qty:</b> 240 gm
DERM-2:   Topical Ant   Fundal Cream   Fundam   Fund		_				Refills: 03 0 6	6 🛮 12	2	Refills: 🛚 3	<b>□</b> 6 <b>□</b> 12	Refills: 03 0 6 0 12
Plantar Fascitis   Plantar Fascitis   Cart Opical   Plantar Fascitis   Plantar Fascitis   Plantar Fascitis   Plantar Fascitis   Sis Cart Opical   Plantar Fascitis   Sis Cart Opical   Plantar Fascitis	ERMATOLOGICAL			SCAR					SPECIAL	тү	
Plantar Fascitis   Plantar Fascitis   Cart Opical   Plantar Fascitis   Plantar Fascitis   Plantar Fascitis   Plantar Fascitis   Sis Cart Opical   Plantar Fascitis   Sis Cart Opical   Plantar Fascitis	□DFRM-2:	□ DERM-7:		¶ Dern	nacin Rx	☐ Scar (	(tra	nsdermal)	□MGI	-1Δ·	TI SCALP CARE -
Eluciscance			itis								
Second   S											
Dermach NS San Repair   15%   Complex (Dimerktone)   2%   Verapamil   15%   Complex (Dimerktone)   2%   Verapamil   15%   Complex (Dimerktone)   2%   Verapamil   15%   Vera	-			Triamcin	olone Acetor	nide Pentoxiiyi	nine . nful :	0.5%			
Lidocaine   2%   Verapami   Verapami   2%	Fluconazole 2%	Fluticasone	1%						Cyclober	nzaprine 2%	Minoxidil 5%
Converted 100 or   Converted 1		Lidocaine	2%	Comp	lex (Dimethi	cone) 5% Gabapent	tin	15%			
Signaria		·		Silicone	Гаре	☐ For elas	sticit	y, add:			a roi women.
Supplementable   Supp		·	10%								(**************************************
Cream in absence of broken skin. Clean and apply new tape every   20   300 gm   0   0   0   0   0   0   0   0   0						use Vitamin C		5%			
Contact   Cont				cre	am in absence	of SIG: Appl					1
Activation   Comparison   Com						n and			Qty: 🗓	300 gm	
Refilis: 0 3 0 6 0 12   Refi		<b>Qty:</b> 🐧 300 gm 🐧		24	hours.	daily			û		
Super-SB: General Wellness   SB-1: 5-MTHF	Refills: <b>Q</b> 3 <b>Q</b> 6 <b>Q</b> 12	Refills: 0 3 0 6 0 12	—]						Refills: 🛭	3 🛮 6 🗓 12	Refills: 03 0 6 0 12
SB-1: 5-MTHF	ENERAL WELLNESS			METABOLIC	SUPPLEM	ENTS			ВС	ONE HEALTH	
SB-1: S-MTHF	D Super-SB: General	Wellness								BH: Bone	Health
Alpha Lipoic Acid   250 mg   Coenzyme Q10   100 mg   Methylcobalamin   20 mg   EGCG   50 mg   Vitamin E   100 mg   Gilutathione   100 mg   SiG: Take 1 capsule by mouth twice daily   Pyridoxal-5-Phosphate   25 mg   Sheffills: 0 30 dg   12   Sheffills: 0 30 capsules   Refills: 0 30 capsules   Re	•		INSOM	INIA			- N				
Methylcobalamin	Alpha Lipoic Acid	250 mg				SUPPLEIVI	ENI			Magnesiu	m Oxide 200 i
Melatonin   3 mg   Melatonin   3 mg   Methylcobalamin   5 mg   Methylcobalamin   20 mg   Coenzyme Q10   75 mg   SiG: Take 1 capsule by mouth twice daily   Qty: 60 capsules   Refills: 3 6 12   Sh-22   Resveratrol Powder   100 mg   Pyridoxal-5-Phosphate   25 mg   Sh-TTP   150 mg			□ LI KI	P-1: Insomn	ia						
Vitamin E   100 mg   Glutathione   100 mg   Glutathione   100 mg   N-Acetylcysteine   125 mg   SiG: Take 1 capsule by mouth twice daily   Qty: 60 capsules   Refills:   0 3 0 6 0 12   SiG: Take 1 capsule by mouth twice daily   Qty: 60 capsules   Refills:   0 3 0 6 0 12   SiG: Take 1 capsule by mouth twice daily   Qty: 60 capsules   Refills:   0 3 0 6 0 12   SiG: Take 1 capsule by mouth twice daily   Qty: 30 capsules   Refills:   0 3 0 6 0 12   SiG: Take 1 capsule by mouth twice daily   Qty: 30 capsules   Refills:   0 3 0 6 0 12   SiG: Take 1 capsule by mouth twice daily   Qty: 30 capsules   Refills:   0 3 0 6 0 12   SiG: Take 1 capsule by mouth once daily   Qty: 30 capsules   Refills:   0 3 0 6 0 12   SiG: Take 1 capsule by mouth once daily   Qty: 30 capsules   Refills:   0 3 0 6 0 12   SiG: Take 1 capsule by mouth once daily   Qty: 30 capsules   Refills:   0 3 0 6 0 12   SiG: Take 1 capsule by mouth once daily   Qty: 30 capsules   Refills:   0 3 0 6 0 12   SiG: Take 1 capsule by mouth once daily   Qty: 30 capsules   Refills:   0 3 0 6 0 12   SiG: Take 1 capsule by   Qty: 30 capsules   Refills:   0 3 0 6 0 12   SiG: Take 1 capsule by   Qty: 30 capsules   SiG: Take 1 capsule by   SiG: Take 1 capsule   SiG: Take 1 capsule by	· ·	-									
Glutathione											
Side: Take 1 capsule by mouth twice daily Qty: 60 capsules Refills: 3 6 12					-						
SB-2: Resveratrol Powder					Ü				8		
SB-2: Resveratrol Powder	Qty: 60 capsules Refills: 3	8 6 12		•	-				2		
Pyridoxal-5-Phosphate 25 mg Beta Carotene		_			-			_			
SIG: Take 1 capsule by mouth twice daily Qty: 30 capsules Refills: □ 3 □ 6 □ 12  Qty: 30 capsules Refills: □ 3 □ 6 □ 12  Qty: 30 capsules Refills: □ 3 □ 6 □ 12  Qty: 30 capsules Refills: □ 3 □ 6 □ 12  Refills: □ 3 □ 6 □ 12  Prescriber Name: CHRISTOPHER INCE MD  NPI #:  Phone #: 817 328 1010  Fax#:			SIG:			SIG: Ta	ake 1	capsule in the		Calcium G	luconate 500 r
Qty: 60 capsules Refills: 0 30 capsules Refil					atime			-			
Refills: 0 3 0 6 0 12	Qty: 60 capsules			-							
Prescriber Name: CHRISTOPHERINCE MD NPI #:	Refills: 0 30 60 12		Refil	ls: 🛮 3 🗖 6 🗓 12		Refills: C	<b>0</b> 3 <b>0</b>	6 <sup>0</sup> 12			
Prescriber Name: CHRISTOPHERINCE MD NPI #:	Other										
Lic. #: DEA#: Phone #: 817328 1010 Fax#:	<u> </u>										
	Prescriber Name: CHRISTOP	PHER INCE MD				NPI #:					
\hdress.	Lic. #:	DEA#:				Phone #: 817 328	1010			Fax#:	
	Address:										

# Lidocin / Rexaphenac / Voltaren

					Insurance info	
Patient MICHELLE WALTON			DOB	Carrier:		
Iome Phone	Cell Pho	one	<u> </u>	Bin#	PCN#	
Address				Group #	<u> </u>	
City		State	Zip	Member ID #		
Allergies						
				Workers Comp	Yes	No
Diag.				DOI	Claim #	
				) (		

### Lidocin

∐ Lidocin

Strength: Lidocaine ...... 3%

SIG: Apply 1-2 pumps to

affected area 3-4 times daily.

**Qty.:** 240 gms

Refills:

12

### **Rexaphenac Kit**

☐ Rexaphenac Kit

Strength: Diclofenac...... 1%

SIG: Apply 1 pump to

affected area up to 4

times daily.

**Qty.:** 120 gms

Refills:

#### Voltaren

	Vo	ltaren	Ge
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Strength: Voltaren Gel...... 1%

SIG: Apply to affected

area 3-4 times daily.

**Qty.:** 100 gms

Refills:

Other				
Prescriber Name:	CHRISTOPHER INCE MD	NPI #:		
Lic. #:	DEA#:	Phone #: 817 328 1010	Fax#:	
Address:				
Signature (Note: Ma	anual Signature Required for CS):		Date:	

# 

patient MICHELLE \	_	OB LAST 4 D	IGITS OF SSN	Carrier:	Insuranc	e info	
Home Phone		ell Phone		Bin#		PCN#	
Address						PCIN#	
City		State Zip		Group #			
Allergies				Member ID #			
				Workers Comp	)	Yes	No
Diag.				DOI		Claim	#
PAIN-TRANSDERMAL	Any added c	ontrolled substances must be	handwritten.		PAIN-TOPICAL		
NCP-7B: Neuropathic & Chronic Pain Flurbiprofen20%	NCP-9: Neuropathic & Chronic Pain Baclofen	GPI-2: General Pain / InÊammation 2% Flurbiprofen	Reme-D  Topiramate  Celecoxib  Gabapentin	2 <mark>%</mark>	Renovo Pain Patch Menthol		Camphomex Topical Spray  Menthol
Baclofen	Gabapentin	. 6% Baclofen	Lidocaine		SIG: Apply 1 patch to affected area 1-2 daily as needed.  Oty: 1 30 count 0 60 count 1 Refills: 0 1 0 6 1 1 2	2 times	Camphor
DERMATOLOGICAL		SCAR			SPECIALTY		
☐ DERM-2: Topical Anti Fungal Cream  Fluticasone	DERM-7: Plantar Fasciitis  Diclofenac	2% Triamcinolone Acetonide Cream USP, 80 gm Dermacin Rx Skin Repair Complex (Dimethicone Silicone Tape SIG: Apply to the affected area as a thin film 2-5 times daily. May use silicone tape on the cream in absence of broken skin. Clean ar apply new tape every 24 hours. Oty: 1 pack	2) . 5% For paintul s Prilocaine		MGL-1A: Migraine Topiramate Baclofen Cyclobenzaprine Lidocaine Flurbiprofen Apomorphine SIG: Apply 1-2 pun affected area daily; 1 pump Qty: û 300 gm		% Finasteride 0.2% Minoxidil 5%
GENERAL WELLNESS		METABOLIC SUPPLEMEN	TS		BONE HEA	LTH	
Super-SB: General SB-1: 5-MTHF	500 mcg 500 mg 20 mg 20 mg 20 mg 100 mg 100 mg 100 mg 100 mg 100 mg 25 mg 25 mg 25 mg 2,500 IU	Melatonin	Coenzyme Q 5-HTP Acidophilus . Bupropion Psyllium Hus SIG: Take 1 · mornin Qty: 30 caps	lamin	Mi Zir Co Co Bo Be Py Bo SIG: Take 3 Qty: 30 BH-2: Re Ca Co S-1	amin D3. agnesium to Glucone to G	ealth
Other							
	NIEDINGE ME						
Tresember Hume.							
	DEA#:	I	Phone #: 817 328 1010		Fax#:		
Address:							